



Hudson River Valley Greenway

Note: You must save this form to your computer before filling it out. Forms must be completed using Adobe Acrobat 9.0 or higher.

KEVIN M. BURKE
Acting Chair
Greenway Conservancy

BARNABAS MCHENRY
Chairman
Greenway Council

SCOTT KELLER
Acting Executive Director

2017 Greenway Conservancy for the Hudson River Valley Trail Grant Program Application

PART A—PROJECT CATEGORY

Check the **one** category that best fits your project:

- Trail Construction

 Trail Rehabilitation or Improvement
 Trail Planning or Design

 Trail Education or Interpretation

PART B—GENERAL PROJECT AND APPLICANT INFORMATION

1. Project Name: _____

2. Lead Applicant Organization or Municipality:

3. Co-Applicant(s) (if any):

4. Project Location: County/Countries _____

City/Town/Village(s) _____

Project Site Address: _____

City/Town/Village: _____ State: _____ Zip Code: _____

5. Project Costs:

Greenway Funds Requested:	\$
Applicant Match*:	\$
Other Funding**:	\$
Project Total:	\$

**Applicant Match includes cash, in-kind services and other monies from eligible grants and must match or exceed Greenway Funds Requested.*

***Other Funding includes federal, state, and other grants not reflected in Applicant Match.*

6. Applicant's Interest in Property (e.g. own, lease, easement, etc.): _____

7. Legislative Districts: [Senate](#): _____ [Assembly](#): _____

8. Check category of Lead Applicant: _____ Municipality _____ Not-for-Profit Corporation

9. Federal ID # : _____

Charities Registration # (if not-for-profit): _____

***All not-for-profits must include a copy of their IRS Determination Letter and latest audit, or financial statement if not audited.**

10. Chief Elected Official/Head of Lead Applicant Organization
(Supervisor/Mayor/County Executive/Executive Director)

Name: _____

Title: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

Email 1: _____

Email 2: _____

Lead Contact Person (if different from Chief Elected Official/Head of Organization):

Name: _____

Title: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

Email 1: _____

Email 2: _____

Applications must be Emailed or Postmarked by: 4:00 PM, September 8, 2017

PART C—PROJECT DESCRIPTION

___ Project connects to New York Empire State Trail (Education/Interpretation projects not eligible)

Project Description

Please provide a brief project description, which addresses all relevant project issues, including how your project fits one of the Project Category priorities in the Trail Grant Program Guidelines page 5, and how it addresses any of the Additional Criteria. Detail how the project connects to the New York Empire State Trail (if applicable; Education or Interpretation projects not eligible). The narrative must also explain how the project will promote at least one or more of the Greenway Criteria. A 1-page narrative is preferred; however, you may attach additional pages. **Minimum font size 10 point**
Narrative must not exceed 3 pages.

PART D— WORK PROGRAM & TIME LINE

Work Program & Time Line: Complete the information requested below and briefly list the proposed work program by task, phase, or milestone and the timeline associated with the project. At a minimum, provide a start date and completion date for each project milestone (e.g. public input period, draft document completed, etc.). You may provide this information in an attachment. Under this grant program, reimbursable costs or applied match may **not** be incurred prior to the date of award. Expected award date is October 11, 2017 (subject to change without notice).

Project Start Date: _____ Expected Project Completion Date: _____

<u>Description</u>	<u>Start Date</u>	<u>Completion Date</u>
Phase/Task 1: _____	_____	_____
Phase/Task 2: _____	_____	_____
Phase/Task 3: _____	_____	_____
Phase/Task 4: _____	_____	_____
Phase/Task 5: _____	_____	_____
Phase/Task 6: _____	_____	_____

PART E—BUDGET SUMMARY

Please identify the proposed expenditures of the project according to the following: (See worksheet below for budget and match detail)

Project Costs	Greenway Funds Requested	Applicant Match (Cash or In-Kind)	Other Funding**	Total
Administration Costs: (max 10% of total grant)	\$	\$	Not applicable	\$
Contractual/Professional Services:	\$	\$	\$	\$
Equipment/Supplies/Materials:	\$	\$	\$	\$
Construction:	\$	\$	\$	\$
Land Acquisition:	Not applicable	\$	\$	\$
In-kind salaries, wages, volunteer hours, and travel	Not applicable	\$	Not applicable	\$

Total:	\$	+	\$	+	\$	=	\$
	Greenway Funds Requested		Applicant Match*		Other Funding		Project Total
	This must equal the amount of "Greenway Funds Requested on pages 1 and 7		This must equal the amount of "Applicant Match on pages 1 and 10		This must equal the amount of "Other Funding on pages 1 and 11		This must equal the amount of "Project Total" on pages 1 and 11

*Applicant Match includes cash, in-kind services and other funds from eligible grants. Applicant Match must match or exceed the Greenway Funds Requested total.

**Other funding includes federal, state and other grants not reflected in local match.

Budget Detail for Greenway Funds Requested:

Administration (Please specify):

_____ \$ _____

_____ \$ _____

_____ \$ _____

Sub-total Administration: \$ _____
Must equal this line in Budget Summary on Page 5

Contractual/Professional Services (Please specify):

_____ \$ _____

_____ \$ _____

_____ \$ _____

Sub-total Contractual/Professional Services: \$ _____
Must equal this line in Budget Summary on Page 5

Equipment/ Supplies/ Materials (Please specify):

_____ \$ _____

_____ \$ _____

_____ \$ _____

Total Equipment/Supplies/Materials: \$ _____
Must equal this line in Budget Summary on Page 5

Continued on next page

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Budget Detail for Greenway Funds Requested (continued):

Construction:

_____ \$ _____

_____ \$ _____

_____ \$ _____

Total Construction: _____ \$ _____

Must equal this line in Budget Summary on Page 5

Total Greenway Funds Requested: _____ \$ _____
Must equal Greenway Funds Requested on pages 1 and 5

Applicant Match Budget Detail:

In-kind services (salaries, wages, travel/mileage):

Salaried/hourly (please list number of hours and rate of pay; list additional on a separate worksheet but include in total on page 8):

Job Title: _____

Rate of Pay: \$ _____ /Hour x _____ Hours = \$ _____

Job Title: _____

Rate of Pay: \$ _____ /Hour x _____ Hours = \$ _____

Job Title: _____

Rate of Pay: \$ _____ /Hour x _____ Hours = \$ _____

Job Title: _____

Rate of Pay: \$ _____ /Hour x _____ Hours = \$ _____

Job Title: _____

Rate of Pay: \$ _____ /Hour x _____ Hours = \$ _____

General Volunteer Hours (valued at \$15 per hour):

Number of Volunteers: _____

Total Volunteer Hours: _____ x \$15/hour = \$ _____

Mileage (show rate and miles, rate may not exceed IRS limits):

_____ x _____ = \$ _____
(Rate) (Miles)

<https://www.irs.gov/tax-professionals/standard-mileage-rates>

Other Travel (specify): _____ \$ _____

Sub-total In-kind Services:

\$ _____

Must equal this line in Budget Summary on page 5.

Continued on next page

Applicant Match Budget Detail (continued):

Land Acquisition Match (Please specify):

\$ _____

Administration (Please specify):

_____ \$ _____

_____ \$ _____

_____ \$ _____

Sub-total Administration: \$ _____
Must equal this line in Budget Summary on Page 5

Contractual/Professional Services (Please specify):

_____ \$ _____

_____ \$ _____

_____ \$ _____

Sub-total Contractual/Professional Services: \$ _____
Must equal this line in Budget Summary on Page 5

Continued on next page

Budget Detail for Applicant Match (continued):

Equipment/ Supplies/ Materials (Please specify):

_____ \$ _____

_____ \$ _____

Sub-total Equipment/Supplies/Materials Match: \$ _____
Must equal this line in Budget Summary on Page 5

Construction:

_____ \$ _____

_____ \$ _____

Sub-total Construction Match: \$ _____
Must equal this line in Budget Summary on Page 5

Total Applicant Match: \$ _____
Must equal Applicant Match on Pages 1 and 5

Other Funding Budget Detail:

Other Contractual/Professional Services (Please specify):

_____ \$ _____

_____ \$ _____

_____ \$ _____

_____ \$ _____

Sub-total Other Contractual/Professional Services: \$ _____
Must equal this line in Budget Summary on Page 5

Continued on next page

Other Funding Budget Detail (continued):

Other Equipment/ Supplies/ Materials (Please specify):

_____ \$ _____

_____ \$ _____

_____ \$ _____

_____ \$ _____

Sub-total Other Equipment/Supplies/Materials: \$ _____
Must equal this line in Budget Summary on Page 5

Other Construction:

_____ \$ _____

_____ \$ _____

_____ \$ _____

Sub-total Other Construction: \$ _____
Must equal this line in Budget Summary on Page 5

Other Land Acquisition (Please specify):

_____ \$ _____

Must equal this line in Budget Summary on Page 5

Total Other Funding: \$ _____
Must equal Other Funding on Pages 1 and 5

**Project Total (Total Greenway Funds Requested
+ Total Applicant Match + Total Other Funding):** \$ _____
Must equal Project Total on Pages 1 and 5

Environmental/Historic/Coastal Consistency Reviews

Does the project require a permit approval or funding from any other governmental agency (federal, state or local)?

___ No ___ Yes If "yes", list the agency(ies) and permit/approvals:

SEQRA Status – Please select the appropriate action type:

Type 1 Type 2 Unlisted

For further guidance, see <http://www.dec.ny.gov/permits/6203.html>

If the project is a Type I or Unlisted Action, please attach the [Environmental Assessment Form](#)

If a Determination of Significance has been established, what was the determination?

Regional Economic Development Council Strategic Plans

Please check the Regional Economic Development Council(s) in which the project will take place: (For guidance, please see <http://regionalcouncils.ny.gov>)

Capital Region ___ Mid-Hudson Region ___ New York City ___

Please list the specific numbers of the goals and strategies of the region’s strategic plan that your project will help implement:

Municipal/Board Grant Request Resolution*:

An approved municipal or non-profit board resolution authorizing and endorsing this grant application must be provided before the application can be considered complete. A sample municipal resolution and not for profit certification/resolution are provided in the guidelines.

***Note: If your Board does not meet until after the application deadline, please complete the following: The municipal board will be considering a resolution for this project to be voted on the following date: _____ The resolution will be sent to the Greenway office within 48 hours of this meeting date.**

Certification: Please read and sign the following. Digital signatures are acceptable.

“I hereby affirm under penalty of perjury that information provided on this form and attached statements and exhibits is true to the best of my knowledge and belief. False statements made herein are punishable as a Class A misdemeanor pursuant to Section 210.45 of the Penal law

Name: _____ Title: _____

Signature: _____ Date: _____

Application Requirements & Checklist

Please note: Applicants must complete or release previously awarded projects through the Greenway Conservancy Small Grant Program before being eligible to receive funding in this round.

You must submit the following by the deadline. Failure to include any of the required elements may make your application ineligible for consideration.

____ **1) Email Submission (Preferred):** A complete electronic copy of all application materials (a single PDF document is preferred) should be emailed to [hrvg@hudsongreenway.ny.gov](mailto:hrvq@hudsongreenway.ny.gov)

OR

Hard Copy Submission: One (1) original hard copy AND one (1) Electronic copy on CD or flash drive (PDF preferred)

____ **2) Completed and signed Greenway Conservancy for the Hudson River Valley Trail Grant Application Form including**

* Not-for-profits must include Federal ID #, Charities Registration # and IRS determination letter

* Municipalities must include Federal Tax ID#

____ **3) Narrative:** Please provide a brief narrative of the proposed project, which addresses all relevant project issues, including how your project fits one of the "Priority Project Categories" on page 5 and how it addresses any of the Additional Criteria. The narrative must also explain how the project will promote at least one or more of the Greenway Criteria. **Limit of 3 total pages.**

____ **4) Resolution(s):** All applicants are required to pass a resolution by the governing body authorizing the grant application. The applicant municipality must obtain the approval/endorsement of the governing body of the municipality or municipalities in which the project will be located. Include the signed and dated resolution in your application. Not-for-profit corporations must submit an approved municipal letter(s) of support in addition to their own resolution. *Note: If your Board does not meet until after the application deadline, please complete the related section on page 12.

____ **5) Map(s) of the proposed project area:** Please include a map of the proposed project area, including its location within the county, as well as a more detailed depiction of the project site. Please include any nearby trails. Include GPS coordinates of the planned or existing trailhead where appropriate. If your project involves the installation of signs, please show locations of signs to be installed. Maps must be legible. See Google maps for a simple way to produce a legible map: <https://maps.google.com/>

____ **6) Supporting Information:** Where appropriate, include photos, plans, drawings and other documents that highlight the need for this project. Letters of support from partners and beneficiaries of the proposed project are also recommended.

____ **7) Ownership Interest:** Include documentation of ownership interest in the property (deed) if applicable, and, if the applicant is not the landowner, a written agreement with the landowner.

____ **8) Legal Compliance:** Please indicate that you have applied for all local, state and federal permits. Your project must comply with all local, state and federal laws and requirements. Funds will be contingent on proof of such permits.

____ **9) SEQRA Compliance:** If project is a Type I or Unlisted Action, please attach the completed [Environmental Assessment Form](#).

____ **10) Not-for-profit Corporations** must also submit a copy of their latest financial audit and IRS Determination Letter. If your organization is not required to have an audit, please provide a copy of your most recent financial statements.

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